

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. 9/830300
APPLICANT(S) _____

FILING DATE _____

		11/19/04		7/1/05		CLAIMS									
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
		IND.	DEP.	IND.	DEP.	IND.	DEP.								
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TOTAL IND.		5		6											
TOTAL DEP.		18		5											
TOTAL CLAIMS		23		11											

BEST AVAILABLE COPY